

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

COUNTY OF SAN DIEGO

BOARD OF SUPERVISORS

Public Document

1. Agency Name

County of San Diego

Division, Department, or Region (If Applicable)

Treasurer-Tax Collector

Designated Agency Contact (Name, Title)

Dan McAllister, San Diego County Treasurer-Tax Collector

Area Code/Phone Number

619-531-5231

E-mail

dan.mcallister@sdcounty.ca.gov

2013 JAN 22 PM 3 4

Date Stamp

THOMAS J. PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

California
Form

802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: _____
(Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 0.00

Event Description San Diego's Financial Planning Day
Provide Title/Explanation

Date(s) 10 / 06 / 12

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Financial Planning Association
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes: McAllister, Dan
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
McAllister, Dan	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Accepted an invitation to attend a Financial Planning Day and participate by delivering the "welcome" message to attendees
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Dan McAllister

Print Name

Treasurer-Tax Collector

Title

1/22/13
(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)